



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Jim McHale							
Street Address		1512 Bern Street							
City	Reading	State	PA	Zip Code	19604				

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/03/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/20/2015	11/23/2015	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

3rd day of December 20 15
 Kimberly S. Keith
 Signature

Signature of Person Submitting report
 James R. McHale

Printed Name

My Commission Expires 11 29 2017

484

467-7120

Area Code

Daytime Telephone Number

NOTARIAL SEAL
KIMBERLY S. KEITH, Notary PublicPart II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

My Commission Expires November 29, 2017

Sworn to and subscribed before me this

3rd day of December 20 15
 Kimberly S. Keith
 Signature

Signature of Candidate
 James R. McHale

Printed Name

My Commission Expires 11 29 2017

484

467-7120

Area Code

Daytime Telephone Number

NOTARIAL SEAL
KIMBERLY S. KEITH, Notary Public

Onteiaunee Twp., Berks County
 My Commission Expires November 29, 2017



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input checked="" type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Jim McHale							
Street Address		1512 Bern Street							
City	Reading	State	PA	Zip Code	19604				

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/03/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/20/2015	11/23/2015	
A. Amount Brought Forward From Last Report	\$	33,134	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	9,835	
C. Total Funds Available (Sum of Lines A and B)	\$	42,969	
D. Total Expenditures (From Schedule III)	\$	42,106	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	863	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	2,000	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2,133	

Affidavit Section

Part 1- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

3rd day of December 20 15
 Kimberly S. Keith
 Signature

Joseph P. Kelleher
 Signature of Person Submitting report
 Joseph P. Kelleher
 Printed Name

COMMONWEALTH OF PENNSYLVANIA
 My Commission Expires 11/29/2017
 NOTARIAL SEAL
 KIMBERLY S. KEITH, Notary Public

610 823-0282
 Area Code Daytime Telephone Number

Part 1- If this is a report of a **Candidate**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

3rd day of December 20 15
 Kimberly S. Keith
 Signature

James R. McHale
 Signature of Candidate
 James R. McHale
 Printed Name

My Commission expires 11 29 2017
 MO. DAY YR.

484 467-7120
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 KIMBERLY S. KEITH, Notary Public
 Orlanburg Twp., Berks County
 My Commission Expires November 29, 2017

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	Friends of Jim McHale		
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 60
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$ 0
All Other Contributions (Part B)			\$ 2,975
Total for the reporting period		(2)	\$ 2,975
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)			\$ 4,800
All Other Contributions (Part D)			\$ 2,000
Total for the reporting period		(3)	\$ 6,800
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$ 9,835

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number		Friends of Jim McHale									
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											Amount				
Full Name of Contributing Committee											Date [MM/DD/YYYY]	\$			
House #		Street Address									Date [MM/DD/YYYY]	\$			
City					State				Zip Code				Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee											Date [MM/DD/YYYY]	\$			
House #		Street Address									Date [MM/DD/YYYY]	\$			
City					State				Zip Code				Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee											Date [MM/DD/YYYY]	\$			
House #		Street Address									Date [MM/DD/YYYY]	\$			
City					State				Zip Code				Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee											Date [MM/DD/YYYY]	\$			
House #		Street Address									Date [MM/DD/YYYY]	\$			
City					State				Zip Code				Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee											Date [MM/DD/YYYY]	\$			
House #		Street Address									Date [MM/DD/YYYY]	\$			
City					State				Zip Code				Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee											Date [MM/DD/YYYY]	\$			
House #		Street Address									Date [MM/DD/YYYY]	\$			
City					State				Zip Code				Date [MM/DD/YYYY]	\$	

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

File Identification Number:		Friends of Jim McHale									
------------------------------------	--	-----------------------	--	--	--	--	--	--	--	--	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Michael S. Rivera					10/27/2015		75
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Reading	PA	19601					
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Elizabeth A. Proffitt					10/27/2015		75
House #	Street Address			Date [MM/DD/YYYY]		\$	
	P. O. Box 39						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Birdsboro	PA	19508					
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Thomas M. McMahon					10/27/2015		150
House #	Street Address			Date [MM/DD/YYYY]		\$	
135	Washington St, Apt 501						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Reading	PA	19601					
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Patricia K. Sacks					10/27/2015		200
House #	Street Address			Date [MM/DD/YYYY]		\$	
1412	Farr Rd.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Reading	PA	19611					
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Eric W. Jenkins					10/27/2015		75
House #	Street Address			Date [MM/DD/YYYY]		\$	
629	Memorial Highway						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Fleetwood	PA	19522					
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Dennis J. McDonough					10/27/2015		125
House #	Street Address			Date [MM/DD/YYYY]		\$	
1204	Oak Lane						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Reading	PA	19604					

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Other Identification Number	Friends of Jim McHale
------------------------------------	-----------------------

Full Name of Contributor	Michael A. Hajost	Date [MM/DD/YYYY]	10/27/2015	\$	125
House #	467	Street Address	Miller Rd.	Date [MM/DD/YYYY]	\$
City	Sinking Spring	State	PA	Zip Code	19608
Full Name of Contributor	Annarose Milch	Date [MM/DD/YYYY]	10/27/2015	\$	75
House #	1855	Street Address	Alsace Rd.	Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19604
Full Name of Contributor	Mark C. Christman	Date [MM/DD/YYYY]	10/27/2015	\$	125
House #	3937	Street Address	N. Alabama Ave.	Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19605
Full Name of Contributor	Theresa C. Lampe	Date [MM/DD/YYYY]	10/27/2015	\$	125
House #	45	Street Address	Kingfisher Dr.	Date [MM/DD/YYYY]	\$
City	Birdsboro	State	PA	Zip Code	19508
Full Name of Contributor	Sandra J. Fishman	Date [MM/DD/YYYY]	10/27/2015	\$	75
House #	1402	Street Address	Farr Road	Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19611
Full Name of Contributor	E. C. Lytz	Date [MM/DD/YYYY]	10/27/2015	\$	125
House #	1213	Street Address	Fox Rd.	Date [MM/DD/YYYY]	\$
City	Leesport	State	PA	Zip Code	19533

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

File Identification Number	Friends of Jim McHale
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Full Name of Contributor				Javier Ortega-Benitez		Date [MM/DD/YYYY]	10/27/2015	\$	125
House #	124	Street Address	N. 5th St			Date [MM/DD/YYYY]		\$	
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]		\$	
Full Name of Contributor				Andrew Kemmerer		Date [MM/DD/YYYY]	10/27/2015	\$	100
House #	1004	Street Address	Josephine Dr.			Date [MM/DD/YYYY]		\$	
City	Temple	State	PA	Zip Code	19560	Date [MM/DD/YYYY]		\$	
Full Name of Contributor				Fern McMillan		Date [MM/DD/YYYY]	10/27/2015	\$	125
House #	801	Street Address	N. 26th St.			Date [MM/DD/YYYY]		\$	
City	Reading	State	PA	Zip Code	19606	Date [MM/DD/YYYY]		\$	
Full Name of Contributor				Alfred J. Weber		Date [MM/DD/YYYY]	10/28/2015	\$	200
House #	5	Street Address	Fox Glove Ln.			Date [MM/DD/YYYY]		\$	
City	Reading	State	PA	Zip Code	19606	Date [MM/DD/YYYY]		\$	
Full Name of Contributor				Robert W. Thomas		Date [MM/DD/YYYY]	10/28/2015	\$	100
House #	67	Street Address	Street Road			Date [MM/DD/YYYY]		\$	
City	Newtown Square	State	PA	Zip Code	19073	Date [MM/DD/YYYY]		\$	
Full Name of Contributor				William D. Seidel		Date [MM/DD/YYYY]	10/28/2015	\$	125
House #	910	Street Address	Lehigh St.			Date [MM/DD/YYYY]		\$	
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]		\$	

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

filer Identification Number		Friends of Jim McHale					
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Full Name of Contributor		Jean Moretti		Date [MM/DD/YYYY]		\$	75
House #	520	Street Address		N. 26th St.		Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19606	Date [MM/DD/YYYY]	\$
Full Name of Contributor		THOMAS CHAVES		Date [MM/DD/YYYY]		\$	100
House #	1001	Street Address		KENNEDY COURT		Date [MM/DD/YYYY]	\$
City	JEFFERSONVILLE	State	PA	Zip Code	19403	Date [MM/DD/YYYY]	\$
Full Name of Contributor		GREGG BOGIA		Date [MM/DD/YYYY]		\$	100
House #	100	Street Address		SEYLER ROAD		Date [MM/DD/YYYY]	\$
City	FLEETWOOD	State	PA	Zip Code	19522	Date [MM/DD/YYYY]	\$
Full Name of Contributor		STEPHEN NAJARIAN		Date [MM/DD/YYYY]		\$	250
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor		JOHN PATRICK BROWN		Date [MM/DD/YYYY]		\$	75
House #	1300	Street Address		ALSACE RD		Date [MM/DD/YYYY]	\$
City	READING	State	PA	Zip Code	19604	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART C
Contributions Received From Political Committees
Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number	Friends of Jim McHale
------------------------------------	-----------------------

Full Name of Contributing Committee				PA Future Fund		Date [MM/DD/YYYY]		\$	4,800
House #						Date [MM/DD/YYYY]		\$	
Street Address				P. O. Box 6128		Date [MM/DD/YYYY]		\$	
City				Harrisburg		Date [MM/DD/YYYY]		\$	
State				PA		Date [MM/DD/YYYY]		\$	
Zip Code				17112		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]		\$	
Street Address						Date [MM/DD/YYYY]		\$	
City						Date [MM/DD/YYYY]		\$	
State						Date [MM/DD/YYYY]		\$	
Zip Code						Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]		\$	
Street Address						Date [MM/DD/YYYY]		\$	
City						Date [MM/DD/YYYY]		\$	
State						Date [MM/DD/YYYY]		\$	
Zip Code						Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]		\$	
Street Address						Date [MM/DD/YYYY]		\$	
City						Date [MM/DD/YYYY]		\$	
State						Date [MM/DD/YYYY]		\$	
Zip Code						Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]		\$	
Street Address						Date [MM/DD/YYYY]		\$	
City						Date [MM/DD/YYYY]		\$	
State						Date [MM/DD/YYYY]		\$	
Zip Code						Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]		\$	
Street Address						Date [MM/DD/YYYY]		\$	
City						Date [MM/DD/YYYY]		\$	
State						Date [MM/DD/YYYY]		\$	
Zip Code						Date [MM/DD/YYYY]		\$	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Other reference number: Friends of Jim McHale
--

Full Name of Contributor				Willard T. Bullock		Date [MM/DD/YYYY]	10/27/2015	\$	500
House #	124	Street Address	East Side Drive		Date [MM/DD/YYYY]				
City	Rehoboth Beach	State	DE	Zip Code	19971	Date [MM/DD/YYYY]		\$	
Employer Name		Retired				Occupation	Retired		
Employer Mailing Address / Principal Place of Business		N/A							
Full Name of Contributor				Tom Nordhoy		Date [MM/DD/YYYY]	10/27/2015	\$	500
House #	112	Street Address	Antietam Trace		Date [MM/DD/YYYY]				
City	Reading	State	PA	Zip Code	19606	Date [MM/DD/YYYY]		\$	
Employer Name		via Pay Pal STRATEGIC REPORTS INC				Occupation	via Pay Pal PRESIDENT		
Employer Mailing Address / Principal Place of Business		via Pay Pal							
Full Name of Contributor				Pierce F. O'Malley		Date [MM/DD/YYYY]	11/05/2015	\$	500
House #		Street Address			Date [MM/DD/YYYY]				
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]		\$	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor				CINDY NEEL		Date [MM/DD/YYYY]	10/21/2015	\$	500
House #	152	Street Address	W. DOUGLASS ST.		Date [MM/DD/YYYY]				
City	READING	State	PA	Zip Code	19601	Date [MM/DD/YYYY]		\$	
Employer Name		WING POINTE CORP				Occupation	GM		
Employer Mailing Address / Principal Place of Business									

2,000

PART E
Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Charitable Contribution	Friends of Jim McHale
-------------------------	-----------------------

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number:	Friends of Jim McHale
-------------------------------------	-----------------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 2,000

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	2,000
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends of Jim McHale
------------------------------	-----------------------

Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution						

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	Friends of Jim McHale
------------------------------	-----------------------

Full Name of Contributor				Date [MM/DD/YYYY]		\$	2,000
Judy Henry				10/26/2015			
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation		Owner	
Employer Mailing Address / Principal Place of Business				Description of Contribution		Cocktail Reception	
332 Cherry St, Reading PA 19601							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Friends of Jim McHale

To Whom Paid		iHeart Media		Date [MM/DD/YYYY]		\$	
				10/27/2015		720.65	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid		Scott Burger		Date [MM/DD/YYYY]		\$	
				10/28/2015		2,283.76	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
663	Cross Hill Road	PA	19468	Campaign Manager - Fee & expense reimbursement			
To Whom Paid		Maria Diesel		Date [MM/DD/YYYY]		\$	
				10/28/2015		3,702.18	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
1533	Johnnys Way	PA	19382	Consulting			
To Whom Paid		Red Maverick Media LLC		Date [MM/DD/YYYY]		\$	
				10/28/2015		31,690	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
403	N. Second Street, FL2	PA	17101	Postcards and postage			
To Whom Paid		James McHale		Date [MM/DD/YYYY]		\$	
				10/28/2015		304.75	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
1512	Bern Street	PA	19604	Expense reimbursement			
To Whom Paid		Red Maverick Media LLC		Date [MM/DD/YYYY]		\$	
				10/29/2015		250	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
403	N. Second Street, FL2	PA	17101	Postage			
To Whom Paid		Reading Eagle Co.		Date [MM/DD/YYYY]		\$	
				10/29/2015		2,200	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
345	Penn Street	PA	19602	Newspaper advertisement			
To Whom Paid		Reading Republican Committee		Date [MM/DD/YYYY]		\$	
				10/29/2015		50	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
1238	Linden Street	PA	19604	Poll Boards			

41,201.34

SCHEDULE III
Statement of Expenditures

File Identification Number Friends of Jim McHale	
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To Whom Paid		Werner Promotions		Date [MM/DD/YYYY]		\$ 205	
House #	Street Address		Description of Expenditure				
City	State	Zip Code	Radio advertisement				
To Whom Paid		Red Maverick Media LLC		Date [MM/DD/YYYY]		\$ 700	
House #	Street Address		Description of Expenditure				
403	N. Second Street, FL2						
City	State	Zip Code	Robo-phone calls				
Harrisburg	PA	17101					
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address		Description of Expenditure				
City	State	Zip Code					
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address		Description of Expenditure				
City	State	Zip Code					
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address		Description of Expenditure				
City	State	Zip Code					
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address		Description of Expenditure				
City	State	Zip Code					
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address		Description of Expenditure				
City	State	Zip Code					
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address		Description of Expenditure				
City	State	Zip Code					

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

File Identification Number:	Friends of Jim McHale
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Name of Creditor					James McHale		Outstanding Balance of Debt	
House #	1512	Street Address	Bern Street	DATE DEBT INCURRED [MM/DD/YYYY]		\$ 1,433		
				11/03/2015				
City	Reading	State	PA	Zip Code	19604			
Description of Debt								
Election night party at campaign headquarters								
Name of Creditor					Sonic Fx Entertainment		Outstanding Balance of Debt	
House #	3368	Street Address	Oley Turnpike Rd	DATE DEBT INCURRED [MM/DD/YYYY]		\$ 200		
				11/03/2015				
City	Reading	State	PA	Zip Code	19606			
Description of Debt								
DJ at Election night party at campaign headquarters								
Name of Creditor					Ed Hadnagy		Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 250		
				11/03/2015				
City		State		Zip Code				
Description of Debt								
Name of Creditor					Jon Mikula		Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 250		
				11/03/2015				
City		State		Zip Code				
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State		Zip Code				
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State		Zip Code				
Description of Debt								